

b. If military, what are your plans? *(Circle answer.)*

Stay in the Army and re-enlist.

Stay in the Army until my ETS.

Get out ASAP, but with a good discharge

Get out ASAP, with any discharge.

I don't know right now.

c. If military or federal service, complete the next two items:

(1) What was your usual job or occupation prior to joining government service?

(2) What was the longest period of time you held a job prior to entering government service?

C. SOCIAL SUPPORT NETWORKS (FAMILY/PEER RELATIONSHIPS).

1. Early Family.

a. Who reared you?

b. Were you adopted?

If yes, at what age?

c. Did you experience any of the following when you were growing up? If yes, how old were you when each occurred?

(1) death of a significant other

(2) separation

(3) divorce

d. How many natural brothers do you have?

e. How many step brothers do you have?

f. How many natural sisters do you have?

g. How many step sisters do you have?

h. Where do you fit, in age, among your brothers and sisters?

i. How close were you to your father?

j. How close were you to your mother?

k. Did your parents argue? *(Circle the appropriate answer.)*

Rarely

Often

Sometimes

l. Did your parents physically fight? *(Circle the appropriate answer.)*

Never

Rarely

Sometimes

Often

m. What was punishment like at your home?

n. Have you ever been physically abused?

o. Was your family poor, middle class, or wealthy? *(Circle the appropriate answer.)*

2. Current Family.

a. Are you presently married?

If so, how long?

b. Are you currently living with your spouse?

If not, explain

c. What is your spouse's name?

Age?

d. Rate your present marriage on a scale of 1-10, with 1 = poor and 10 = perfect.

e. How many times have you been married?

f. Did alcohol/other drug use influence the breakups? *(If you've been married more than once.)*

g. Please list the names, ages, and sex of your children: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">NAME</div> <div style="text-align: center;">AGE</div> <div style="text-align: center;">SEX</div> </div>		
h. Do they live with you? If not, explain.		
i. Have you and/or your spouse ever been referred to a program because of physical abuse? If yes, explain.		
j. Is your spouse willing to participate in this treatment? If not, explain.		
3. Peer Relationships.		
a. How many close friends do you have?		
b. Do you have someone with whom you can talk when you have a problem?		
c. Who would you say really cares about you?		
D. SEXUAL HISTORY AND SEXUAL ORIENTATION.		
1. Have you ever been sexually abused? If yes, by whom?		
2. Have you ever been sexually abusive? If yes, explain?		
3. My sex life is <i>(circle appropriate answer)</i> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Good Poor Nonexistent </div>		
4. Do you feel guilty about past sexual experience(s)? If yes, explain.		
E. PERCEPTION OF OWN STRENGTHS AND WEAKNESSES.		
1. Which of the following areas do you need to improve? <i>(Circle those that are applicable.)</i> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>Too easily influenced by others.</p> <p>Too impulsive.</p> <p>Don't express thoughts or feelings very well.</p> <p>Other <i>(explain)</i>.</p> </div> <div style="width: 45%;"> <p>Too easily angered; bad temper.</p> <p>Don't get along with many people.</p> <p>Uncertain of what I want and what decisions to make.</p> </div> </div>		
2. What do you like about yourself?		
3. What do you dislike about yourself?		
F. LEISURE, RECREATIONAL AND VOCATIONAL INTERESTS AND HOBBIES.		
1. What special skills, aptitudes or talents do you have?		

2. Do you do any of the following? *(Circle those that apply.)*

Spend time with family.

Spend time at a friends house.

Watch movies and TV.

Listen to music.

Sports and exercise.

Work on a hobby.

Go "downtown".

Spend time in clubs, pubs, and bars.

Go to evening classes.

Work a part-time job.

Usually just stay in the barracks.

Other (explain).

3. What limits your recreational activities?

G. SOCIAL AND CLUTURAL INFLUENCES.

1. Does your immediate or extended family indicate a desire to help you in your recovery?
explain.

If no,

2. Upon what is a friendship based?

3. Are you satisfied with your current circle of friends?

4. To which organization(s) do you belong?

5. Do you have a friend in whom you might be able to confide?

6. What special groups do you belong to because of your ethnic background, nationality, or political beliefs?

H. SPIRITUAL ORIENTATION.

1. What is your religion?

2. Circle those characteristics pertaining to faith and religion that apply to you, currently.

Losing my earlier faith or religion.

Not getting satisfactory answers from my faith.

Not going to church often enough.

Needing to talk to a chaplain.

Other concerns (about faith or religion).

I. ABILITY TO PARTICIPATE WITH PEERS IN PROGRAMS AND SOCIAL ACTIVITIES.

1. What is your most troublesome intrapersonal conflict?

With another person?

2. What life situations are most difficult for you to discuss with another person?

J. LEGAL PROBLEMS (IF APPLICABLE).

1. Number of ARTs 15, Courts Martial, AWOLs, Counseling Statements, General Officer Letters. Explain:

2. Civilian Offenses.

3. Number offenses related to Impaired Driving, Possession, Drunk and Disorderly, Pubic Intoxication, Reckless Driving, Domestic Disturbance, Spouse/Child Abuse. Explain.

4. Circle all of the following that apply to you currently.

Pending Article 15.

Bounced checks.

Pending Court Martial.

Not budgeting you money.

Pending Chapter Discharge.

Getting into debt.

Needing legal assistance.

Needing financial assistance.

Too many bills.

Other *(explain)*.

SECTION V. EMOTIONAL ASSESSMENT.

1. Do you have problems with stress? If yes, explain.

2. Do you feel you have enough time for:

Work	Yes	No
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Sleep/rest	Yes	No
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Leisure	Yes	No
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Selfcare	Yes	No
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3. Do you often have mood swings? If yes, explain.

4. Have you ever been evaluated by a psychiatrist, psychologist, or other mental health professional? If yes, explain.

5. Have you ever been hospitalized for psychiatric reasons?										If yes, explain.									
SECTION VI. PATIENT'S PERCEPTION OF DEPENDENCE.																			
1. Do you think you have a problem with alcohol or other drugs? If so, how bad is it? <i>(Circle one)</i> .																			
1		2		3		4		5		6		7		8		9		10	
MINOR										MAJOR									
2. If you don't deal with your problem/addiction now, what will happen?																			
3. Describe any events or situations that increase your chances of taking drugs?																			
SECTION VII. MENTAL STATUS EXAMINATION.																			
*** THE REMAINING SECTIONS TO BE COMPLETED BY COUNSELOR.***																			
1. Physical Appearance.																			
2. Eye Contact.																			
3. Speech.																			
4. Motor Activity.																			
5. Attitude.																			
6. Affect.																			